Confidential CLINICAL TRIAL SURVEY
For Oncologists Treating Lymphoma / CLL Patients

See reverse side for survey rationale.

1) Check obstacles to referring your patients to clinical trials (all that may apply)

☐ a) It’s difficult to locate trials appropriate to my patient’s clinical setting or treatment goal
☐ b) Patients are often ineligible for otherwise appropriate trials
☐ c) It can take too long to enroll patients in need of treatment
☐ d) Patients are often reluctant to be in a trial
☐ e) Patient’s insurance limitations
☐ f) Patient’s travel or lodging limitations (Financial or Physical)
☐ g) Our limited resources (Staff / Financial)
☐ h) Our time constraints. (Case load / Paper work)
☐ i) IRB discourages suggesting trials
☐ j) No obstacles at our center
☐ k) Other:

2) The most significant obstacle above is: a  b  c  d  e  f  g  h  i  j  k (circle one)

3) My practice: ☐ General oncologist ☐ Lymphoma specialist ☐ Investigator ☐ Other (all that apply)

4) I recommend trials: ( ) Never, ( ) Rarely, ( ) Occasionally, ( ) Often, ( ) Most times (one)

5) Patients inquire about trials: ( ) Never, ( ) Rarely, ( ) Occasionally, ( ) Often, ( ) Most times (one)

6) Survey received from ( ) Patient, ( ) Mail, ( ) Conference, ( ) Other _________ (select one)

   a) Your practice is in ( ) USA, ( ) Other __________________________ (select one)

Return address

Postage required

Mail completed Survey to:

Patients Against Lymphoma
3774 Buckwampum Road
Riegelsville, PA  18077
Rationale:

Identifying the most common obstacles to referring patients to clinical trials will allow us (the patient and research communities) to identify and more readily implement solutions, so that clinical studies – appropriate to meeting the clinical needs or treatment objectives of the patients – can be considered more routinely.

Proposing clinical circumstances:

- **Standard therapies are not yet curative.**  
  (Consider investigational protocols with curative potential)

- **Your patient has aggressive disease with a high relapse rate.**  
  (Consider investigational consolidation or maintenance protocols that may improve the cure rate, for example.)

- **Your patient has low tolerance for standard therapies or co-morbidities, precluding use of standard therapies or optimal dosing.**  
  (Consider studies of protocols with safer expected toxicity profiles.)

- **Therapy for my patient is not yet required, but the need to treat is anticipated.**  
  (Consider investigational agents with milder expected toxicity profiles such as immunotherapies, or targeted therapies that are unlikely to “burn treatment bridges.”)

- **Your patient has disease refractory to standard protocols.**  
  (Consider investigational agents with novel mechanisms of action that may overcome drug resistance.)

- **There is no standard of care or preferred therapy by the patient.**  
  (Consider comparative effectiveness studies where there is genuine uncertainty regarding which is superior.)

  Importantly, consider trials of a type that **evaluate biospecimens** for identification and validation of biomarkers that predict response to therapy and prognosis.

Thank you for your participation!

Karl Schwartz, President, Patients Against Lymphoma